

4757

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Yavapai</u> State <u>ARIZONA</u>		State File No. <u>527</u>	
Township <u>Octave, Ariz</u>		City <u>Octave, Ariz</u> or Village		Registered No. <u>143-B</u>	
Length of residence in city or town where death occurred <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.		No. <u>820</u> of death occurred in a hospital or institution, give its NAME instead of street and number		Ward	
2. FULL NAME <u>Chas. B. Hasford</u>		How long in State when death occurred <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.		Ward	
(a) Residence: No. <u>Octave, Ariz</u>		(Usual place of abode)		Ward	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Divorced</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 4, 1860</u>					
7. AGE <u>74</u> Years Months Days If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (state or country) <u>Clinton, Iowa</u>					
13. NAME					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country)					
17. INFORMANT <u>Mrs. Albert Jones</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Wickenburg</u> Date <u>3-3</u> 19 <u>35</u>					
19. UNDERTAKER <u>Wickenburg Funeral Home</u> (Address)					
20. Filed <u>3/4</u> 19 <u>35</u> <u>Joseph McVally</u> Registrar					
21. DATE OF DEATH (month, day, and year) <u>2/28, 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 9, 1934</u> to <u>June 11, 1934</u>					
I last saw him alive on <u>June 11, 1934</u> death is said to have occurred on the date stated above, at <u>5:10 a.m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Cerebral Apoplexy</u>					
<u>Unattended in last illness</u>					
Other contributory causes of importance:					
<u>Cardio vascular hypertension years</u>					
Name of operation <u>none</u> Date of					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19					
Where did injury occur? (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>H. M. K. Lewis</u> M. D.					
(Address) <u>Phoenix Clinic Phoenix</u>					
<u>See other side. Ariz.</u>					